

### STATE SURVEY REPORT

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NAME OF FACILITY: Harmony at Kent

DATE SURVEY COMPLETED: August 15, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced Complaint Survey was conduct at this facility August 15, 2022, deficiencies contained in this report are based on observations a interviews. The facility census on the day of the vey was nineteen (19). The survey sample totale three (3) residents.  Abbreviations/definitions used in this report are follows:  NHA — Nursing Home Administrator RN — Registered Nurse	and sur- d	
3225	Regulations for Assisted Living Facilities	3225	
3225.13.0	Service Agreements	3225.13.0	
3225.13.1	A service agreement based on the needs identified in the UAI shall be completed prior to or no I than the day of admission. The resident shall ticipate in the development of the agreement. resident and the facility shall sign the agreement and each shall receive a copy of the signed agreement. All persons who sign the agreement must able to comprehend and perform their obligation under this agreement.	ater  *The affected resident is no longer par- here so we are unable to correct The this. ent, ree- *The Executive Director and the Healthcare Director have performed	10/14/22
	Based on record review and interview it was domined that for one (R1) out of three residents of pled, the facility failed to complete the set agreement at the time of admission. Finding clude:  7/5/22 – The initial UAI was completed prior to mission.	*We have put a two person checks rvice system into place to ensure that all UAI's and service plans are compliant going forward. The Healthcare Director and Executive Director are	10/14/22
	8/9/22 - R1 was admitted to the facility home.  8/12/22 12:13 PM — A progress note indicate was transferred to the hospital.	*We will continue to monitor this weekly for the next 60 days to ensure that we have 100% compliance.	10/14/22

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	8/12/22 – A Service Plan (facility's version of the vice Agreement) was time stamped as being vated at 2:27 PM after the resident went to the pital.	acti- with a flagging and reminder system	10/14/22	
16 Del. C. Chap. 11 §1108	Posting of inspection summary and other i mation and public meetings.	nfor- 16 Del. C. Chap. 11 §1108		
	(a) Each facility shall prominently and cons ously post for display in a public area of the fa that is readily available to residents, employ and visitors the following:	cility be affect by this deficient practice.		
	(1) The license issued under this subchapter.	*Residents & Visitors that could po- tentially be affected by this deficient practice will be informed of all	9/23/22	
	(2) A sign prescribed by the Department that s fies complaint procedures and provides the "1- hotline number to receive complaints 24 hou day, 7 days a week.	peci- "Complaint Procedures and the 1-800" 800 number" posters within the		
	This requirement was not met as evidenced by:	*We did not have posters at the time of survey. Our Healthcare Director picked up the posters on	9/23/22	
	Based on observations and interview it was demined that the facility failed to post the hotline number for residents and family members to make of	eter- 9/23/22 from the local licensing		
	plaints to the state agency.  8/15/22 around noon — During an interview of FM1 it was stated "no" when asked were they aw of how to make a complaint to the 1-800 hot number. It was further revealed that FM1 was aware of a posting in the building.  8/15/22 around noon — Observations of the factories.	*The Healthcare Director and Executive Director have audited and confirmed that all AL admission agreements contain the process on filing a complaint with licensing and the phone number as well. We have also confirmed that the Ombudsman's information is included and correct. (pages 13, 14, 15 & 29)	10/14/22	
	lacked the required posting of the 1-800 hot number to receive complaints 24 hours a day, 7 c a week. 8/15/22 at 2:15 PM – During an interview with (RN) it was confirmed that the facility did not h	admission agreements to contain the correct address and phone numbers are listed in the admission	10/14/22	



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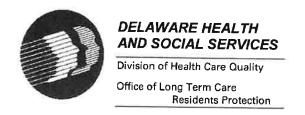
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	the required 1-800 hotline number for the res and families to make complaints to the agency.		*Residents that were already admitted were given a letter with the correct address for the Division of Healthcare Quality.	10/17/22
			*All posters have been hung in areas throughout the community The Executive Director will perform and inspection monthly for the next 6 months to ensure all posters remain in compliance (height for wheelchair residents). After that we will monitor yearly. One poster was hung in the vestibule so it can be viewed by everyone upon entrance.	9/24/22
			All current residents attended a "Welcome New Resident" meeting on 9/22/22 and the information was repeated in the Resident Council meeting on 9/26/22. All new residents will be informed of the placement of posters upon admission by the Director of Sales.	9/26/22
16 Del. C. Chap. 11	Resident transfer or discharge			
§ 1127	(a) The facility must permit each resident to re in the facility and not transfer or discharge th ident from the long-term care facility unless at 1 of the following criteria has been met:	ne res-		
	(1) The transfer or discharge is both necessary the resident's welfare and the resident's need not be met in the facility with reasonable as modations when assessed with due regard to scope of the facility's license.	ls can- ccom-		
	(2) The discharge is appropriate because the dent's health has improved sufficiently so the dent no longer needs the services provided by facility.	e resi-		

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SECTION	STATEMENT OF DEFICIENCIES	ADMINISTRATOR'S PLAN FOR	COMPLETION
SECTION	SPECIFIC DEFICIENCIES	CORRECTION OF DEFICIENCIES	DATE
	(3) The transfer or discharge is appropriate becathe safety of individuals in the facility is engered by the clinical or behavioral status of the ident.	dan-	
	(4) The transfer or discharge is appropriate becathe health of other individuals in the facility wootherwise be endangered.		
	(5) The resident has failed, after reasonable and propriate notice, to pay for, or to have paid Medicare, Medicaid, or third party, a stay at the cility leading to discharge provided that:	by	
	a. A resident who becomes eligible for Medicaid ter admission to a facility may only be charged lowable charges under Medicaid.		
	b. A resident who has submitted the necessary perwork for third-party payment may not be charged if a final decision on the claim has not be issued.	dis-	
	(6) The facility ceases to operate.		
	(b) Documentation. — Transfers or discharges under this section must documented in the resident's clinical record a must include all the following:	be and	
	(1) The basis for the transfer or discharge und subsection (a) of this section.	der	
	(2) In the case of a transfer or discharge under p agraph (a)(1) of this section, all the following:	ar-	
	a. The specific needs that cannot be met in the cility.	fa-	
	o. The attempts made to meet those needs.		



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AEAT!A!	STATEMENT OF DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION
SECTION	SPECIFIC DEFICIENCIES	CONNECTION OF BEHOLEROIDS	3,,,_
	c. The services available at the receiving facil	ity to	
	meet those needs.	.,,	1
	meet mose needs.		
	(3) The certification of the resident's person	al at-	
	tending physician that transfer or discharge is		
	essary under paragraph (a)(1) or (a)(2) of this		
	tion.		1
	(4) A physician certification that transfer of	r dis-	
	charge is necessary under paragraph (a)(3) or		1
	of this section.		
			1
	(c) Before a long-term care facility transfers o	r dis-	
	charges a resident, the facility must issue a wi		
	notice of the transfer or discharge to the res		
	or resident's authorized representative und	der §	
	1122 of this title and, if known, a family memb	er or	
	legal representative of the resident, whose co	ntent	
	conforms to subsection (b) of this section.		1
	(d) Timing of the notice of transfer or discharg	ge. —	
	(1) Except as permitted under paragraph (d)		
	this section, a notice of discharge must be issu		
	the long-term facility at least 30 days before	e the	
	resident is transferred or discharged.		
	to a land a second discharge and discharge		
	(2) A long-term care facility may not discha		
	resident during the pendency of administr		
	proceedings implementing a resident's appea	I OI a	
	discharge.		1
	(3) Notice must be issued as soon as practicable	e he-	
	fore transfer or discharge when 1 of the follo		
	standards is met:		
	Standards is met.		
	a. An immediate transfer or discharge is req	uired	
	by the resident's urgent medical needs supp		
	by the certification required under subsection		
	this section.		
		a a la	
	b. There is a significant and immediate threat t		
	health or safety of other individuals in the	iong-	

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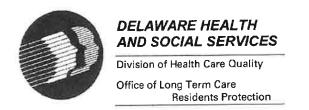
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SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	term care facility as documented under para	graph	
	(b)(3) or (b)(4) of this section.		
	c. The resident was admitted solely on a respit		T T
	sis not to exceed 14 days or as an emergency p		
	ment by the Department not to exceed 21 day	/s.	
	(e) The written notice described in paragraph	(d)(3)	
	of this section must include all the following in	ı lan-	
	guage comprehensible to the ordinary laype		
	subject to revision to meet known special lang	uage	
	considerations of the recipient:		
	(1) A detailed individualized explanation of	each	
	reason for the transfer or discharge.		
	(2) The effective date of transfer or discharge.		
	(3) The location to which the resident is transfe or discharged.	erred	
	(4) The time frame and procedure to appeal th	0.75	
	tion to the State.	e ac-	
	(5) The name, address, and telephone number	er of	
	the State Long-Term Care Ombudsperson and		
	sion.		
	d (6) The name, address, and telephone numb		
	the protection and advocacy agency for facility		
	idents with developmental disabilities or mental	afill-	
	ness.		
	(f) In administrative and judicial proceedings in		
	menting a resident's appeal of a transfer or		
	charge, resident rights and protections confe	rred	
	by applicable federal law must be considered.		
	(g) For any transfer or discharge authorized by		
	section (a) of this section, the long-term care f		
	ity shall develop a plan with the participation of	fthe	
	resident and resident's authorized representa		
	under § 1122 of this title, if any, to assist with	ori-	
	entation and the safe and orderly transfer or		

Provider's Signature

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Date 10 25 22



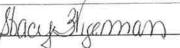
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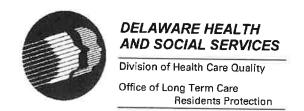
AME OF FACILITY: Harmony at Kent

**DATE SURVEY COMPLETED: August 15, 2022** 

NAME OF FACILITY: Harmony at Kent		DATI	E SURVEY COMPLETED: August 19	o, ZUZZ
SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES		ADMINISTRATOR'S PLAN FOR ORRECTION OF DEFICIENCIES	COMPLETION DATE
	discharge from the facility.			
	(h) (1) If a resident is transferred out of a long		E.	
	care facility to an acute care facility or othe	r spe-		
	cialized treatment facility all the following ap			
	a. The long-term care facility must accept the	e resi-		
	dent back when the resident no longer needs			
	or specialized care and there is space availa the facility.	ble in		
	b. If no space is available, the resident must be cepted into the next available bed.	be ac-	,	
	(2) For purposes of this subsection, "special treatment facility" means a health-care setticluding, settings licensed or certified pursuant der this chapter or Chapter 22, 50, or 51 of the.	ng in- nt un-		
	This requirement was not met as evidenced by	<b>/</b> :		
	Based on record review and interview it was a mined that for one (R1) out of one resident review for discharge the facility failed to provide a comparishment of the facility from the acute care hose Findings include:	iewed nplete n the		
	7/5/22 – The initial UAI documented that R alert to person, place, and time, had mild short memory loss, a long-term memory problem an independent in activities of daily living. The respecticipated in the assessment. The resident diagnosis of dementia, Alzheimer's type.	t-term id was sident		
	7/26/22 - R1 signed a document prior to adm that stated, "If, after moving into the communi resident needs more care and supervision than was originally assessed and is available in as living the resident/resident's representative v responsible for providing the additional care	ity the what sisted will be		



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	STATEMENT OF DEFICIENCIES	DATE SURVEY COMPLETED: August 15, 2022  ADMINISTRATOR'S PLAN FOR COMPLETIC		
SECTION	SPECIFIC DEFICIENCIES	CORRECTION OF DEFICIENCIES	COMPLETION DATE	
	services at their own expense until Harmony S.	nuare		
	(dementia unit) opens for occupancy."	quait		
	8/9/22 - R1 was admitted to the facility home.	from		
	8/12/22 – R1 was transferred to the hospital by (emergency medical services).	EMS		
	8/12/22 – The facility emailed a letter of Discl Notice to the Resident's daughter and son as w had the letter delivered to the hospital emerg room. The letter included:	ell as		
	I am issuing this letter because of [resident n repeated episodes of wandering outside of the ity unmonitored and his recent physical aggretoward Harmony at Kent staff and his private giver. Harmony at Kent has determined that dent name] wandering behaviors and his recent gressive behaviors toward others pose a substatisk of harm to the health, safety and welfare of self and othersmust discharge [resident name a more appropriate care setting effective immately to ensure his own safety and that of ersUnfortunately we are unable to permit his return to our facility from [hospital name]	facil- ssion care- [resi- t ag- ntial him- e] to nedi- oth-		
	The Discharge Notice lacked:  -A detailed individualized explanation of each son for the transfer or discharge.  -The time frame and procedure to appeal the act to the State.  -The name, address and telephone number of State Long-Term Care Ombudsperson and I sion of Health Care Quality.	the		
	The clinical record lacked: -The specific needs that cannot be met in the faityThe attempts made to meet those needs.	acil-		

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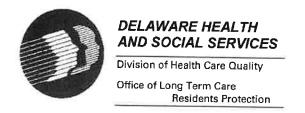
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	<ul> <li>The services available at the receiving facility meet those needs.</li> <li>A certification from the resident's physician that transfer / discharge was necessary.</li> </ul>		
	9/15/22 - Record review lacked notes and/or dent reports for R1.	inci-	
	The following chronology was obtained through terviews with staff, R1's family/friends and pricare giver:		
	R1 was admitted on 8/9/22 and the family remains at the facility to assist with transition. The residuent the building seven times, four of those with filly and the remaining three with staff or careginal seven times.	dent am-	
	The resident walked in the parking lot and on a comple occasions went to the sidewalk along the rand towards a neighboring development. R1 hard to redirect back to the facility and police were sidewalk and sidewalk along the sidewalk and sidewalk along the sidewalk al	cou- road was	
	called a few times to assist the resident in return to the building. There was no evidence the resident the building or the property alone or unnessed.	ning lent	
	On 8/12/22 R1 left the building with family/c giver following. R1 became aggressive with the c		
	giver's redirection and the EMS/police were ca again. The resident returned to the building. R1	lled left	
	the building for a second time that morning with private caregiver in attendance. The resident walk the province left did not become aggrees	lked	
	around the parking lot, did not become aggres and went back to his apartment. Once in the bi- ing, R1 locked the caregiver out of the apartment	ıild-	
	about 10 to 15 minutes. Once the door was ope the resident threw the caregiver's personal belo	ned ong-	
	ings out of the door and wanted her to leave. Sho thereafter family arrived, and the resident wanted down to the dining area for lunch with them. Du	vent	
	lunch EMS arrived to take the resident to the er gency room for evaluation. R1 was not displa	ner- ; ying	
	any behaviors when EMS arrived. The hospital equated the resident, but according to the hospital equations.		10 105 100

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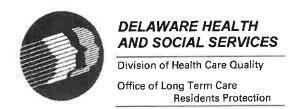
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case manager, the resident displayed no behaviors and they had no reason to admit R1. R1 remained at the hospital until 8/16/22 when a family member transported him to another State to a secured dementia facility.  The facility failed to provide proper discharge/ transfer notice and failed to allow R1 to return to the facility from the hospital when it was determined he did not need acute care.  8/15/22 - Interview with E1 (NHA) and E2 (DON) confirmed that the facility would not be taking R1 back as a resident.  *The affected resident is no longer here so we are unable to correct this action.  *All residents had the potential to be affected by this deficient practice.  *We have put a protocol in place to ensure that we are reviewing documentation every 30 days to meet the intent of the regulation.  *The Healthcare Director will access each resident that is admitted to the hospital to ensure they meet the criteria for assisted living.  *If it is determined by the Health Care Director, the Medical Director and the Executive Director that the resident fails to meet the regulations to remain in assisted living we will work with the family to provide additional support to keep the resident and other residents safe until we are able to find proper placement for the resident.

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		*The Healthcare Director and Executive Director will review every resident transfer/discharge every 30 days until 100% compliant.  *The Healthcare Director and the Executive Director will review every resident transfer/discharge every 90 days until 100% compliant.  *The Healthcare Director and the Executive Director will review every resident transfer/discharge every 6 months until we are 100% compliant.	10/18/22
	· ·		

Provider's Signature Statement Title Executive Date 10/25/22



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Provider's Signature Sugarman Title Executive Jy Date 10/25/22